

Sobernment of the United States Virgin Islands Department of Agriculture



ST. CROIX: #1 Estate Lower Love, Kingshill, V.I. 00850 • T: (340) 778-0997 • F: (340) 778-0997 ST. THOMAS: #7944 Estate Dorothea, St. Thomas, V.I. 00802 • T: (340) 774-5182 • F: (340) 774-1823 ST. JOHN: #11 Estate Carolina, Coral Bay, V.I. 00830 • T: (340) 776-6274 • F: (340) 693-5065

NON-INDIGENOUS ANIMAL IMPORT APPLICATION

VIDA Division of Veterinary Services

Type of Animal:	
Date of Entry:	Port of Entry:
CONSIGNOR	
Name:	
Mailing Address:	
Physical/Business Address:	
Phone Number:	Email Address:
OWNER AND LOCAL ADDRESS	
Name:	
Mailing Address:	
Physical Address:	
Phone Number:	Email Address:
Premise Number: Ov	vner's Signature:

PERTINENT REGULATIONS: An official Health Certificate must accompany this Import Permit. One permit per species. Specific requirements are listed below. Animals will be inspected by VI Department of Agriculture upon arrival.

- Animal must not be quarantined or showing clinical signs of contagious or infectious disease
- Owner is responsible for the proper care, feeding, housing, and disposal method specific for this species.
- No live food will be allowed entry into the Virgin Islands (i.e., insects or rodents)
- Animal will not be allowed to breed.
- Birds must be identified with a microchip or leg band.

IDENTIFICATION	SCIENTIFIC NAME		COMMON NAME			
COLOR		SEX			NO. OF ANIMALS	

Paid: Reco	eipt #:	Date:	Initials:
	PLEASE FILL OUT THIS DO	OCUMENT COMPLETELY, SIGN, AND M	AIL TO
VI DEPARTMENT OF A	RICULTURE, ATTN: DIRECT	TOR OF VETERINARY SERVICES, RR 1 BC	OX 10345, KINGSHILL, VI 00850
ALONG WITH A	CHECK OR MONEY ORDER	R FOR \$25 PAYABLE TO THE VI DEPARTI	MENT OF AGRICULTURE